Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			0		-	-	RATI	F	E		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	BASIC I	EE 385	5.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			(O minus 20=		*		X\$ 9	=	$\neg \vdash$	OR	X\$18=	
INDEPENDENT CLAIMS			(minus 3 =		*		X43=			OR	X86=	
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT				+145	=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	1	\dashv	OR OR	TOTAL	
CLAIMS AS AMENDED - PART II										0, 1	OTHER	THAN
(Column 1) (Column 2) (Column							SMAL	L ENTI	TY (OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RATE	AD TIOI FE	NAL		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	X\$ 9=	:		OR	X\$18=	
	Independent	*	Minus	***		=	X43=			OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=			OR.	+290=	
								AL	——	L	TOTAL	:
(Column 1) (Column 2) (Column 3)								EE L		Jn ,	ADDIT. FEE	
AMENDMENT B		(Column 1) CLAIMS		HIGHE		(Column 3)		ADI	OI-	ſ		ADDI-
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	RATE		IAL		RATE	TIONAL
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=	-
	Independent	*	Minus	***		=	X43=			OR	X86=	:
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1		ı	.000	2
								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		DR	+290= TOTAL	-
		ADDIT. FE		Jc	OR ,	ADDIT. FEE						
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT C		REMAINING AFTER AMENDMENT	:	NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE	ADE TION FEI	AL		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		= .	X\$ 9=)R	X\$18=	
	Independent	*	Minus	***		=	X43=	1			X86=	
٩	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM			-	\dashv°	R		
* 14	the entry in colur	+145=		0	R	+290=						
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, nter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OR TOTAL ADDIT. FEE											
		ber Previously Paid					ound in the	appropriat	e box in	n colu	ımn 1.	